



# National Chaplains Institute

**Biblical Life College & Seminary**

P. O. Box 588 • Marshfield, MO 65706-0588 • USA

Phone: (417) 859-0881 • Fax: (417) 468-2037

## ***Application for Enrollment***

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Please provide a short resume of ministerial experience and academic history, along with a recent photo. We will also need transcripts of all degrees or credits awarded from other educational institutions.

### ***Financial Information***

I have enclosed full payment (\$787.50)

I would like to use the payment plan. I have enclosed my first payment of \$97.22. I agree to make the remaining 8 monthly payments of \$97.22 in a timely manner.

I have enclosed a check or money order for: \_\_\_\_\_

**(Make payable to: BLCS/NCI)**

Please charge the amount to my  MasterCard  VISA

Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CCV: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_

**Mail to: *National Chaplains Institute***

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**Fax to:** (417) 468-2037 (using credit card only)